Walter Reed Army Medical Center 6900 16th Street, N.W. Washington, DC 20307

PATIENT INFORMATION:

Patient: WRAMC VC-019M

Patient ID:

Study Date: 6/10/2002

Referring Physician: HWANG INKU

INTRODUCTION:

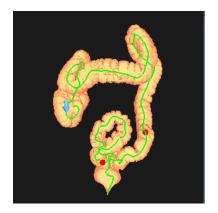
A 50 year old male presents with:

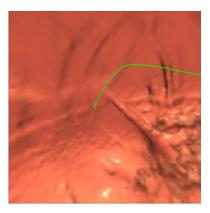
Screening

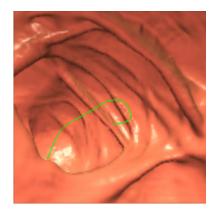
Others: 50 yo AD WM COL here for enrollment into Virtual Colonoscopy protocol. Patient states doing well w/o change in BM, wt loss, blood in stool. Patient ave risk for colon cancer w/o FH of colonic polyps, colon ca or polyposis syndromes. Patient w/o positive stool guiac test or h/o iron def anemia w/in past 6 months. Patient has had no prior evaluations for colon cancer screening including normal colonoscopies w/in 10 yrs, and normal ACBE w/in past 5 yrs. Patient w/o h/o adenomatous polyps, colorectal cancer, IBD, HNPCC or FAPS. No h/o rectal bleeding, hematochezia, or unintentional wt loss w/in past 12 months. Patient not pregnant and has no contraindications for colonoscopy in general. Patient was prev scheduled for colonoscopy in 4/01, but changed for enrollment into virtual colonoscopy protocol.

COLON FINDINGS:

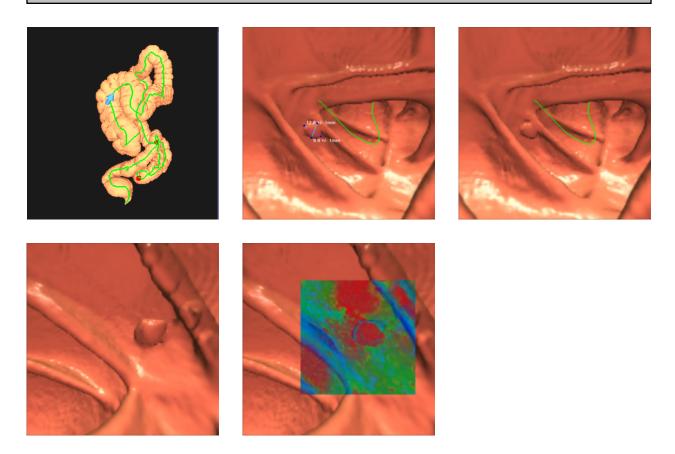
(Prone) Normal cecum colon at 197.8 cm from rectum







(Prone) 12.9 x 9.9 mm round polyp identified in the hepatic flexure at 185.8 cm from rectum.



(Supine) $8.0 \times 6.0 \text{ mm}$ round polyp identified in the descending colon at 86.4 cm from rectum with similar to colon wall translucency feature.



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- 2 pedunculated colonic polyps seen in hepatic flexure and descending colon.

J. Richard Choi, ScD, MD